

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0770014	GIRL SCOUTS OF CT - CAMP MERRIE-WOOD			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
650 GARDNER STREET					1			

Towns Served: MANCHESTER

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		BJ00393	BATHROOM SINK	A	Y			
		BJ97479	BATHROOM	A	Y			
		BK05616	MAIN CABIN	A	Y			
		BK81502	KITCHEN	A	Y			
		BN19076	TROOP HOUSE	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21330	WELL	2	WELL	A				

### Contact Information

Name				Organization		Job Title		
Ms. Michele Velez				Girl Scouts of Connecticut		Dir. Property Svcs.		
Mailing Address Line One			Mailing Address Line Two			City	State	Zip Code
20 Washington Avenue						North Haven	CT	06473
Business Phone		Extension	Fax		Mobile Phone	Emergency Phone	Email Address	
203-239-2922		3329	203-239-7220			800-922-2770	mvelez@gsofct.org	

**NOTE:** This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
<b>CT0770014</b>	<b>GIRL SCOUTS OF CT - CAMP MERRIE-WOOD</b>	<b>NC</b>	<b>25</b>	<b>P</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
650 GARDNER STREET			1		
Towns Served: MANCHESTER					
Contact Role(s): <b>Administrative Contact</b>					
Name		Organization		Job Title	
<b>Girl Scouts of America, Inc.</b>					
Mailing Address Line One		Mailing Address Line Two		City	State
340 Washington Street				Hartford	CT
Zip Code					
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-522-0163					
Contact Role(s): <b>Legal Contact, Owner</b>					

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

**<http://www.ct.gov/dph/publicdrinkingwater>**

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0770124	UNITARIAN UNIVERSALIST CHURCH			NC	25	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
153 VERNON ST WEST					1			

Towns Served: MANCHESTER

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

<b>Total Coliform (3100)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

<b>Physical Parameters (PPS)</b>		<b>1 routine (RT) per quarter</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

<b>Nitrate And Nitrite (NOX)</b>		<b>1 routine (RT) per year</b>	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

### Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform MCL Violation	8/1/10 - 8/31/10	2	10/13/2010		10/23/2010	
Total Coliform MCL Violation	7/1/11 - 9/30/11	2	9/8/2011		9/18/2011	

### Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
21334	WELL	2	WELL	A				

### Contact Information

Name		Organization			Job Title		
Ms. Nancy Madar		Unitarian Universalist Church			President		
Mailing Address Line One		Mailing Address Line Two			City	State	Zip Code
62 Garden Grove Road					Manchester	CT	06040
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address		
860-646-5151				860-647-8559			

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
<b>CT0770124</b>	<b>UNITARIAN UNIVERSALIST CHURCH</b>	<b>NC</b>	<b>25</b>	<b>P</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
153 VERNON ST WEST				1	
Towns Served: MANCHESTER					
Contact Role(s): <b>Legal Contact</b>					
Name		Organization		Job Title	
<b>Unitarian Universalist Society East</b>					
Mailing Address Line One		Mailing Address Line Two		City	State
153 Vernon Street West				Manchester	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-464-5151					
Contact Role(s): <b>Owner</b>					
Name		Organization		Job Title	
<b>Ms. Jane Osborn</b>		Unitarian Universalist Church		Sexton	
Mailing Address Line One		Mailing Address Line Two		City	State
153 West Vernon Street				Manchester	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
860-646-5151		860-649-1565			janeosb3@gmail.com
Contact Role(s): <b>Administrative Contact</b>					

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

***If you have any questions, please contact the Drinking Water Section at (860) 509-7333.***

**<http://www.ct.gov/dph/publicdrinkingwater>**

***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0770134	801A HARTFORD ROAD			NC	33	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				4				

Towns Served: MANCHESTER

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate (1040)		1 routine (RT) per quarter	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

### Public Notification Requirements

<i>Violation/Situation</i>	<i>Compliance Period</i>	<i>Notice Tier</i>	<i>Public Notification</i>		<i>PN Certification</i>	
			<i>Required</i>	<i>Performed</i>	<i>Due to DPH</i>	<i>Received</i>
Total Coliform MCL Violation	10/1/14 - 12/31/14	2	3/7/2015		3/17/2015	
Nitrate M&R Violation	7/1/18 - 9/30/18	3	11/19/2019		11/29/2019	

### Water System Facility and Sampling Point Inventory

<i>Water System Facility ID</i>	<i>Water System Facility</i>	<i>Sampling Point ID</i>	<i>Sampling Point Description</i>	<i>Status</i>	<i>Total Coliform Rule</i>	<i>Lead and Copper Rule Tier</i>	<i>Asbestos</i>	<i>Stage WQP 2 DBPR</i>
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				
22950	WELL #1	2	WELL	A				

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0770134	801A HARTFORD ROAD			NC	33	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
				4				

Towns Served: MANCHESTER

### Contact Information

Name				Organization			Job Title		
Mr. Mohamed A. Hassan				Tony's Pizza			Tenant 803 Htfd. Rd.		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
803 Hartford Road						Manchester		CT	06040
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address		
860-649-3640									

Contact Role(s): **Administrative Contact, Owner**

Name				Organization			Job Title		
Concept Technologies LLC									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
1 Liberty Square						New Britain		CT	06051
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				

Contact Role(s): **Owner**

Name				Organization			Job Title		
Ms. Shalini Chanduptla				Concept Technologies LLC			Partner		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
79 East Center Street						Manchester		CT	06040
Business Phone		Extension	Fax		Mobile Phone		Emergency Phone	Email Address	

Contact Role(s): **Legal Contact, Owner**

#### Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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**<http://www.ct.gov/dph/publicdrinkingwater>**

**End of schedule**

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0779074	MANCHESTER CONG. OF JEHOVAHS WITNESSES			NC	222	P	GW	
Local Address (where applicable)			Service Connections	Residential	Commercial	Industrial	Combined	Agricultural
214 NEW BOLTON ROAD					1			

Towns Served: MANCHESTER

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
Select from Inventory of Active Sampling Points	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		Complete
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		

Physical Parameters (PPS)		1 routine (RT) per month	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
DISTRIBUTION SYSTEM (4)	11/1/18 - 11/30/18		Complete
	12/1/18 - 12/31/18		Complete
	1/1/19 - 1/31/19		Complete
	2/1/19 - 2/28/19		Complete
	3/1/19 - 3/31/19		Complete
	4/1/19 - 4/30/19		Complete
	5/1/19 - 5/31/19		
	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
	10/1/19 - 10/31/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
<i>Sampling Point (Sampling Point ID)</i>	<i>Monitoring Period</i>	<i>Collection Period</i>	<i>Compliance Status</i>
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		

### Other Compliance Schedules

<i>Compliance Schedule Activity</i>	<i>Due Date</i>	<i>Achieved Date</i>
RESPOND TO SANITARY SURVEY	1/7/2015	

### Water System Facility and Sampling Point Inventory

<i>Water System</i>	<i>Water System Facility</i>	<i>Sampling Point</i>	<i>Sampling Point</i>	<i>Total Coliform</i>	<i>Lead and Copper</i>	<i>Stage</i>
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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0779074	MANCHESTER CONG. OF JEHOVAHS WITNESSES			NC	222	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
214 NEW BOLTON ROAD			Connections		1			

Towns Served: MANCHESTER

Facility ID	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A			
	DOWNSTREAM	WITHIN 5 SERVICE CON	A				
	UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A			
56544	WELL 1	2	WELL 1	A			
56548	BLADDER TANK						

### Contact Information

Name				Organization			Job Title		
Mr. Keith Ribera				Manchester Jehovahs Witnesses			Chairman		
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
			325 Vernon Street			Manchester		CT	06042
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
			860-268-7904		kmribera@gmail.com				

Contact Role(s): **Legal Contact**

Name				Organization			Job Title		
Mr. Darrell Wilcox				Kingd. H. of Jehovah Witnesses					
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
214 New Bolton Road						Manchester		CT	06042
Business Phone		Extension	Fax	Mobile Phone		Emergency Phone	Email Address		
860-730-3792				860-209-5871		860-209-5871	wilcoxconstruction@att.net		

Contact Role(s): **Administrative Contact**

#### Please note the following:

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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***End of schedule***

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source	
CT0779094	622 MIDDLE TURNPIKE EAST			NC	25	P	GW	
Local Address (where applicable)			Service	Residential	Commercial	Industrial	Combined	Agricultural
622 MIDDLE TNPKE EAST			Connections		1			
Towns Served: MANCHESTER								

### Monitoring Requirements

Water System Facility: **DISTRIBUTION SYSTEM (WSF ID: 00600)**

Total Coliform (3100)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Physical Parameters (PPS)		1 routine (RT) per quarter	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	1/1/19 - 3/31/19		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		

Water System Facility: **ENTRY POINT (WSF ID: 00700)**

Nitrate And Nitrite (NOX)		1 routine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

### Other Compliance Schedules

Compliance Schedule Activity	Due Date	Achieved Date
RESPOND TO SANITARY SURVEY	9/15/2017	

### Water System Facility and Sampling Point Inventory

Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage WQP 2 DBPR
00501	WELL 1	2	WELL 1	A				
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Y			
		DOWNSTREAM	WITHIN 5 SERVICE CON	A				
		DS	DISTRIBUTION	A	Y			
		UPSTREAM	WITHIN 5 SERVICE CON	A				
00700	ENTRY POINT	3	ENTRY POINT	A				

### Contact Information

Name				Organization			Job Title		
Mr. Peter F. Grady									
Mailing Address Line One			Mailing Address Line Two			City		State	Zip Code
380 Bidwell St						Manchester		CT	06040
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address				
860-432-2016			860-966-8094		gradytavern@msn.com				
Contact Role(s):	Administrative Contact								

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# Connecticut Department of Public Health Drinking Water Section

## Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name	Classification	Population	Owner Type	Primary Source
<b>CT0779094</b>	<b>622 MIDDLE TURNPIKE EAST</b>	<b>NC</b>	<b>25</b>	<b>P</b>	<b>GW</b>
Local Address (where applicable)		Service Connections	Residential	Commercial	Industrial
622 MIDDLE TNPKE EAST			1		
Towns Served: MANCHESTER					
Name		Organization		Job Title	
<b>Mr. Robert A Parrott</b>		622 Middle Turnpike			
Mailing Address Line One		Mailing Address Line Two		City	State
622 Middle Turnpike West				Manchester	CT
Business Phone	Extension	Fax	Mobile Phone	Emergency Phone	Email Address
Contact Role(s): <b>Legal Contact, Owner</b>					

**Please note the following:**

1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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***End of schedule***

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